



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

<b>FOR AGENCY USE</b>		<b>1. Agency Address</b>	<b>FOR RECORDS MANAGEMENT USE</b>	
Application Date DHR-160		Georgia Department of Human Resources Division of Physical Health Occupational Health Unit - Room 310-H 47 Trinity Avenue, S. W. Atlanta, Georgia 30334	Application Number <b>73-402-A</b>	
Application Number September 2, 1977			Date Received SEP - 2 1977	Date Completed OCT 3 1977
<b>2. Person to Contact</b> Naresh K. Chawla, Ph.D.		<b>Working Title</b> Chief, Occupational Health Unit	<b>Telephone Number</b> 656-4835	
<b>3. Action Requested</b>				
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>73-402</u> Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void				
<b>4. Dates of Series</b>		<b>5. Records Series Title (followed by title used in office, if different)</b>		
Earliest 1973	Latest to date	OCCUPATIONAL HEALTH FIELD SURVEY FILES		
<b>6. Division and Office Function</b> What is the function of the Division and the Office in which this record series is created?				
<p>The Division of Physical Health is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, field operations, and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.</p> <p>The Occupational Health Unit has the responsibility to reduce to a lesser level the occupational health hazards by providing a safer and healthier environment for the total work population in the State through recognition, evaluation, and control of substances and conditions which may endanger the health of any workers at their jobs.</p>				
<b>7. Record Series Description</b> This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.				
<p>Documents relating to: investigating workplace health hazards and recommending improvements for reduction of such hazards through education, training, and consultation.</p> <p>Included are: unnumbered forms: <u>Field Sampling Report</u>, which shows name, address and phone number of facility surveyed; district and county in which facility is located; number of employees; for what sampled; sampling rate; method; name of industrial hygienist; date; sample number; pump number; employees by name, work station, and time on and off. <u>Summary of Occupational Health Activity</u> shows date; name of district chief; district; project numbers; date; location of visit; county; reason for visit; type of survey and results; lab samples; field determinations; number of people affected; person trained; total cost; and name of person who made visit. <u>Mercury Survey</u> (typical example of several surveys planned throughout the State) shows name, address, and phone number of facility; date; location; reading and floor covering; and remarks. <u>Laboratory Request</u> File is arranged: alphabetically by county; thereunder, alphabetically by name of facility.</p>				
<b>8. Monthly Reference Rate</b> How often are records referred to which are:				
approximately <u>12</u> One to six months old <u>12</u> ; Seven to twelve months old <u>10</u> ; Thirteen to twenty-four months old <u>6</u> ; twenty-five months and older <u>2</u>				
<b>9. Annual Rate of Accumulation of Records</b>				
Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____				

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? a few files will require long-term holding
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- a. State Law \_\_\_\_\_ years.  
 b. Statute of limitation \_\_\_\_\_ years.  
 c. Federal law (certain records) 20 years.

- d. Audit period \_\_\_\_\_ years.  
 e. Administrative need \_\_\_\_\_ years.  
 f. Federal retention instructions \_\_\_\_\_ years.

records for those companies using substances which may be hazardous to the health of workers, such as carcinogen beta-Naphthylamine (known to cause bladder cancer -- Augusta Chemical Company) or any other substances known to be harmful to the health of workers.

Attach copy or excerpt of laws or regulations. Explain administrative need.

CFR Guidelines for retaining certain records

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 5 year(s); then  
☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then  
☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then  
☒ Destroy all files, except those determined by the Unit Chief to require long-term retention; transfer records to be held to the State Records Center, hold 15 years; then destroy.  
☐ Transfer to State Archives for permanent retention.  
☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Naresh Kumar Chawla	9-1-77	Elizabeth Crane	9/1/77

  

State Records Committee (Signature)		Date
State Auditor/Designee	[Signature]	9-22-77
Secretary of State/Designee	[Signature]	9-22-77
Attorney General/Designee	[Signature]	10-3-77

Recommendations in paragraph 12 are approved.  
 (If disapproved, attach letter of explanation.)

Application for Records Retention Schedule

OCCUPATIONAL HEALTH FIELD SURVEY FILES

Page 3

7. (continued)

Form shows name of originator; project number; date; type of request; sample description; analysis requested; laboratory results; date received; date completed; name of analyst; name of approving supervisor. Also included are narrative reports of visit to the facility which covers personnel, production, flow chart as to how chemicals are received and passed along in the plant, exposure of employees, medical program, and surveyor's summary as to conditions at the facility; and related correspondence.



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
1

312-16

1. Application Date 5-16-73	<b>INSTRUCTIONS:</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE		
2. Agency Application No. DPH-16		Date Received JUN 13 1973	Application No. 73-402	Date Completed JUN 18 1973
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Physical Health Occupational Health Unit 47 Trinity Avenue Atlanta, Georgia 30334		4. Person to Contact Mr. Hugh Parker		
		5. Working Title Chief	6. Tel. No. 656-4835	

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1970 - to date	9. Exact Series Title Occupational Health Field Survey Files
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10. What is the function of the office in which this record series is created?

The Division of Physical Health, headed by the Director, is responsible for the administration, direction and coordination of the Physical Health programs in the State. Included are:

1. The establishment of Health Standards for business, housing, field operations, and hospitals throughout the state. (Health Standards Section)
2. The improvement of the health of the resident of the state directed towards adults and children. (Physical and Dental)
3. The diagnosis and control of diseases. (Disease Control Section)
4. The supervision of construction and licensure of health facilities, along with the Cancer Assistance Program. (Medical Care Section)

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the investigation of industrial health hazards and recommendations on the reduction of elimination of these hazards. Included are:

1. correspondence
2. field survey
3. laboratory reports
4. reports to company

Files are arranged alphabetically by county and thereunder.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers		Cu. Ft. of Records	
Letter-size File Drawers	10	15		5	7		
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)		
				14			
			AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's	All Prior Years
				3	3	0	0

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain.

YES NO

13. Is this the Record Copy of the series? ☒ [X] ☐ [ ]
14. Is there a duplication of this series in another office or agency? ☐ [ ] ☒ [X]
15. Is the information contained in this series ever summarized or published?  
Attach copy of summary or publication. ☐ [ ] ☒ [X]
16. Does the series contain classified information requiring security handling? ☐ [ ] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [ ] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☐ [ ] ☒ [X]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [ ] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [ ] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [ ] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [ ] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [ ] ☒ [X]

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- a. ☐ [ ] STATE LAW    b. ☐ [ ] STATUTE OF LIMITATION    c. ☐ [ ] AUDIT PERIOD    d. ☐ [ ] FEDERAL LAW    e. ☒ [X] ADMINISTRATIVE DECISION    f. ☐ [ ] HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ [X] CALENDAR YEAR ☐ [ ] FISCAL YEAR ☐ [ ] OTHER \_\_\_\_\_, then:

- ☒ [X] Hold in the current files area \_\_\_\_\_ month(s)/ 1 year(s):
- ☒ [X] Transfer to ☒ [X] State Records Center ☐ [ ] Local Holding Area; hold 2 year(s):
- ☒ [X] Destroy.
- ☐ [ ] Transfer to State Archives for permanent retention.
- ☐ [ ] Destroy immediately after cut-off.
- ☐ [ ] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Alan A. Sankoff</i>	5-17-73		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>Hugh R. Parker</i>	6-29-73
	State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>William M. Dixon</i>	6-14-73
	Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>Ben W. Fortson Jr.</i>	6-13-73
	Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>Robert F. Well</i>	6-18-73

STATE RECORDS  
COMMITTEE